



## Basic CISM Nomenclature

For those folks new to Critical Incident Stress Management the new phraseology and wording is sometimes difficult to remember. The following phrases and ideas are basic to crisis intervention and should be memorized and re-worded keeping the prime principles the same. These can be used during Individual or Group Crisis Intervention at the appropriate stage in the session(s).

In explaining the process of crisis intervention (at the CISM level), the terminology is **Emotional or Mental Health First Aid**. Clarify that this serves as a method at the beginning of a **continuum of psychological care**. Using the analogy that CISM teams carry “bandages” and not “scalpels” further drives home this concept.

**“You are a normal person, with normal feelings and thoughts, reacting to an abnormal situation.”**

This one phrase aids in the goal of NORMALIZATION for the victims. It gives them assurance that they are not atypical in their responses to the crisis. It also serves as the “A” (Acknowledge Crisis) and “F” (Facilitate Understanding) in the SAFER-R Model. Find new and different ways to phrase this as this comes into play often in interventions.

**“Have you ever encountered an event similar to this before?”**

By getting the victims to identify a previous event, sometimes the CISM team can lead into that next step and ask **“How did you deal with the crisis then?”** and **“Do you think those methods would work in this new crisis?”** This helps victims “re-connect” that stressed part of their brain back into making cognitive decisions and plans.

**“Is there something I (or we if acting as a group) can do for you?”**

This may be obvious, but the CISM team is there to help—if there is something that the victims say would help them through this tough time, and it is do-able, try to make it happen. There are limits to this, so only make promises that are attainable. Assuring to get personnel time off, monetary or goods assistance, or other services when the CISM team cannot, can erode the team integrity now and in the future.

When a victim expresses that he would rather not participate in a defusing or debriefing (CISD), respect that, BUT do give him “The Speech”:



**“I understand that you are fine with this, however you were an element of this crisis and you may provide a different perspective or a piece of a puzzle that other victims are still wondering about...that may prove to be helpful to the others to know those facts.”**

Ask him if he wouldn't reconsider being a part of the defusing or debriefing. Assure him that he need not speak if he does not desire to, and remind him of the confidentiality that is observed within the intervention. If he declines a second time, do not push or insist—these are voluntary, not mandatory, exercises.

**“Is there somebody you feel comfortable talking to about this?”**

If the intervention is stalled and the victims appear not to want to share with the CISM team member(s), the reason may be that they would rather be talking to somebody else. This is valid, as alliances in homogeneous groups are deep; also people that are religious may want to share with their spiritual leader. Remember that the role of a crisis intervention team member is to facilitate access to higher mental health care when necessary.

**“Can I pray with you about this?”**

If appropriate, and the CISM team member can offer spiritual support, many persons experiencing crisis are open to prayers of support, peace, and appeal. The crisis intervention personnel may offer to pray, and/or give opportunity to the victim(s) to offer prayer themselves. This also provides an outlet for some common thought processes to start in the victim(s).

**“With your permission, I'd like to touch base with you in a few days...would that be all right?”**

This is the ever-important follow-up step, one that is ESSENTIAL in crisis intervention. It may be as simple as a phone call, or an additional individual intervention, or a defusing may prompt a CISD at a later date, as symptoms present. Be aware of the SAFER-R model and the goals of crisis intervention, and remember this is about helping the victims get back to pre-incident functionality...